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Filing Date September 18, 2006	First Named Inventor Tamir Harol	
Title Gastrointestinal Methods And...	Art Unit	
Examiner Name	Examiner District Number ME085,238431	

I hereby revoke all previous powers of attorney given in the above-identified application.
I hereby appoint:

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OR
☐ Practitioner(s) named below:

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I am, the:

☐ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is required. (Form PTO/SB/59)

SIGNATURE of Applicant or Assignee of Record

Signature <i>[Signature]</i>	Date 9/18/06
Name Yuval Mika	Telephone
Firm and Company CEO Impact Dynamics	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their corresponding agent are required. Signatures must be given in person (and one document is required, one copy).

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